

Weekly U.S. Influenza Surveillance Report

Updated February 18, 2022



A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Note: CDC is tracking the COVID-19 pandemic in a weekly publication called [COVID Data Tracker Weekly Review](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/).
(<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/>)

Key Updates for Week 6, ending February 12, 2022

Sporadic influenza activity continues across the country. In some areas, influenza activity is increasing.

Viruses

Clinical Lab

3.0%
positive for influenza
this week

Public Health Lab

The majority of viruses
detected are influenza A(H3N2).

Virus Characterization

Genetic characterization and
antiviral susceptibility are
summarized in this report.
[\(/flu/weekly/#VirusCharacterization\)](/flu/weekly/#VirusCharacterization)

Illness

Outpatient Respiratory Illness

1.4%
of visits to a health care provider are for respiratory illness this week
(below baseline)

Outpatient Respiratory Illness: Activity Map

This week, 0 jurisdictions experienced moderate activity and 0 jurisdictions experienced high or very high activity.

Long-term Care Facilities

0.4%
of facilities reported
≥ 1 influenza-positive test
among residents this week.

Severe Disease

FluSurv-NET

4.7 per 100,000
cumulative hospitalization rate

HHS Protect Hospitalizations

1,073
patients admitted to hospitals with influenza
this week.

NCHS Mortality

22.6%
of deaths attributed to pneumonia, influenza, or COVID-
19 this week (*above threshold*)

Pediatric Deaths

0
influenza-associated deaths reported this week, with a
total of 5 so far this season

All data are preliminary and may change as more reports are received.

A description of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component is available on the [surveillance methods](http://www.cdc.gov/flu/weekly/overview.htm) (<http://www.cdc.gov/flu/weekly/overview.htm>) page.

Additional information on the current and previous influenza seasons for each surveillance component are available on [FluView Interactive](https://www.cdc.gov/flu/weekly/fluviewinteractive.htm) (<https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>).

Key Points

- Sporadic influenza activity continues across the country. In some areas, influenza activity is increasing.
- The majority of influenza viruses detected are A(H3N2). H3N2 viruses identified so far this season are genetically closely related to the vaccine virus, but there are some antigenic differences that have developed as H3N2 viruses have continued to evolve.
- The percentage of outpatient visits due to respiratory illness decreased nationally again this week and is below baseline. Influenza is contributing to levels of respiratory illness, but other respiratory viruses are also circulating. The relative contribution of influenza varies by location.
- The number of hospital admissions reported to HHS Protect increased slightly this week.
- The cumulative hospitalization rate in the FluSurv-NET system is higher than the rate for the entire 2020-2021 season, but lower than the rate seen at this time during the four seasons preceding the COVID-19 pandemic.
- CDC estimates that so far this season there have been at least 2.3 million flu illnesses, 22,000 hospitalizations, and 1,300 deaths from flu.
- An annual flu vaccine is the best way to protect against flu and its potentially serious complications. CDC continues to recommend that everyone ages 6 months and older get a flu vaccine as long as flu activity continues.
- Flu vaccination coverage remains lower this season compared to last.
- Flu vaccines are available at many different locations, including pharmacies and health departments. Visit www.vaccines.gov to find a flu vaccine near you.
- There are also flu antiviral drugs that can be used to treat flu illness.

U.S. Virologic Surveillance

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633697372803)

Influenza A(H3N2) viruses have been the most frequently detected influenza viruses this season. Of the 7,201 influenza positives reported this season by the public health labs and also tested for SARS-CoV-2, 433 (6.0%) were also positive for SARS-CoV-2. For regional and state level data and age group distribution, please visit [FluView Interactive \(https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html\)](https://gis.cdc.gov/grasp/fluview/fluportaldashboard.html). Viruses known to be associated with recent live attenuated influenza vaccine (LAIV) receipt or found upon further testing to be a vaccine virus are not included as they are not circulating influenza viruses.

Clinical Laboratories

The results of tests performed by clinical laboratories nationwide are summarized below. Data from clinical laboratories (the percentage of specimens tested that are positive for influenza) are used to monitor whether influenza activity is increasing or decreasing.

	Week 6	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	44,436	1,569,698
No. of positive specimens (%)	1,324 (3.0%)	40,934 (2.6%)
<i>Positive specimens by type</i>		
Influenza A	1,300 (98.2%)	39,971 (97.6%)
Influenza B	24 (1.8%)	963 (2.4%)

(<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)

[View Chart Data \(/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_cl06.html\)](/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_cl06.html) | [View Full Screen \(/flu/weekly/weeklyarchives2021-2022/WhoNPHL06.html\)](/flu/weekly/weeklyarchives2021-2022/WhoNPHL06.html)

Public Health Laboratories

The results of tests performed by public health laboratories nationwide are summarized below. Data from public health laboratories are used to monitor the proportion of circulating viruses that belong to each influenza subtype/lineage.

	Week 6	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	25,675	613,185
No. of positive specimens	454	12,446
<i>Positive specimens by type/subtype</i>		
Influenza A	453 (99.8%)	12,349 (99.2%)
(H1N1)pdm09	0	4 (<0.1%)
H3N2	146 (100%)	8,376 (99.9%)
H3N2v	0	1 (<0.1%)

	Week 6	Data Cumulative since October 3, 2021 (Week 40)
Subtyping not performed	307	3,968
Influenza B	1 (0.2%)	97 (0.8%)
Yamagata lineage	0	1 (2.9%)
Victoria lineage	0	33 (97.1%)
Lineage not performed	1	63

(<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)

[View Chart Data \(/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_phl06.html\)](/flu/weekly/weeklyarchives2021-2022/data/whoAllregt_phl06.html) | [View Full Screen \(/flu/weekly/weeklyarchives2021-2022/WhoPHL06.html\)](/flu/weekly/weeklyarchives2021-2022/WhoPHL06.html)

Additional virologic surveillance information for current and past seasons:

[Surveillance Methods \(https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1633697372803\)](https://wcms-wp.cdc.gov/flu/weekly/overview.htm#anchor_1633697372803) | [FluView Interactive: National, Regional, and State Data \(http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html\)](http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html) or [Age Data \(https://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html\)](https://gis.cdc.gov/grasp/fluview/flu_by_age_virus.html)

Novel Influenza A Virus

One human infection with a novel influenza A (H1N2) variant virus was reported by California. The infection occurred in an adult ≥ 18 years of age. The patient was not hospitalized and has recovered from their illness. The patient had direct contact with swine prior to specimen collection. Respiratory illness was reported among contacts of the patient, however this occurred during a period of high respiratory illness activity and no specimens from the contacts were received for testing. No ongoing person-to-person transmission has been identified associated with this case.

This is the third human infection with novel influenza A virus that has occurred during the 2021-22 influenza season in the United States. One influenza A(H3N2) variant virus infection was reported by Ohio and one influenza A(H1) variant virus (neuraminidase not determined) infection was reported by Oklahoma.

When an influenza virus that normally circulates in swine (but not people) is detected in a person, it is called a “variant influenza virus”. Most human infections with variant influenza viruses occur following close proximity to swine, but person-to-person transmission can occur. In most cases, variant influenza viruses have not shown the ability to spread easily and sustainably from person to person. Early identification and investigation of human infections with novel influenza A viruses are critical so that the risk of infection can be more fully understood and appropriate public health measures can be taken. Additional information on influenza in swine, variant influenza virus infection in humans, and strategies to interact safely with swine can be found at www.cdc.gov/flu/swineflu/index.htm (<http://www.cdc.gov/flu/swineflu/index.htm>). Additional information regarding human infections with novel influenza A viruses can be found at http://gis.cdc.gov/grasp/fluview/Novel_Influenza.html (http://gis.cdc.gov/grasp/fluview/Novel_Influenza.html).

Influenza Virus Characterization

(/flu/weekly/overview.htm#anchor_1633697390939)

CDC performs [genetic](https://www.cdc.gov/flu/professionals/laboratory/genetic-characterization.htm) (<https://www.cdc.gov/flu/professionals/laboratory/genetic-characterization.htm>) and [antigenic](https://www.cdc.gov/flu/professionals/laboratory/antigenic.htm) (<https://www.cdc.gov/flu/professionals/laboratory/antigenic.htm>) characterization of U.S. viruses submitted from state and local public health laboratories using the Right Size Roadmap submission guidance. These data are used to compare how similar the currently circulating influenza viruses are to the reference viruses representing viruses contained in the current influenza vaccines. The data are also used to monitor evolutionary changes that continually occur in influenza viruses circulating in humans. CDC also tests susceptibility of circulating influenza viruses to antiviral medications including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir.

CDC has genetically characterized 618 influenza viruses collected since October 3, 2021. H3N2 viruses identified so far this season are genetically closely related to the vaccine virus, but there are some antigenic differences that have developed as H3N2 viruses have continued to evolve. Virus antigenic data will be reported later this season when a sufficient number of specimens have been tested.

Virus Subtype or Lineage	Genetic Characterization				
	Total No. of Subtype/Lineage Tested	HA Clade	Number (% of subtype/lineage tested)	HA Subclade	Number (% of subtype/lineage tested)
A/H1	3				
		6B.1A	3 (100%)	5a.1	2 (66.7%)
				5a.2	1 (33.3%)
A/H3	595				
		3C.2a1b	595 (100%)	1a	1 (0.1%)
				1b	1 (0.1%)
				2a	0

Virus Subtype or Lineage	Genetic Characterization				
	Total No. of Subtype/Lineage Tested	HA Clade	Number (% of subtype/lineage tested)	HA Subclade	Number (% of subtype/lineage tested)
				2a.1	0
				2a.2	593 (99.8%)
		3C.3a	0	3a	0
B/Victoria	20				
		V1A	20 (100%)	V1A	0
				V1A.1	0
				V1A.3	9 (45.0%)
				V1A.3a	0
				V1A.3a.1	0
				V1A.3a.2	11 (55.0%)
B/Yamagata	0				
		Y3	0		

CDC assesses susceptibility of influenza viruses to antiviral medications including the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir) and the PA endonuclease inhibitor baloxavir using next generation sequence analysis supplemented by laboratory assays. Information about antiviral susceptibility test methods can be found at [U.S. Influenza Surveillance: Purpose and Methods | CDC \(https://www.cdc.gov/flu/weekly/overview.htm\)](https://www.cdc.gov/flu/weekly/overview.htm).

Viruses collected in the United States since October 3, 2021, were tested for antiviral susceptibility as follows:

Antiviral Medication		Total Viruses	A/H1	A/H3	B/Victoria	B/Yamagata	
Neuraminidase Inhibitors	Oseltamivir	Viruses Tested	658	3	635	20	0
		Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
		Highly Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
	Peramivir	Viruses Tested	658	3	635	20	0
		Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)

Antiviral Medication			Total Viruses	A/H1	A/H3	B/Victoria	B/Yamagata
		Highly Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
	Zanamivir	Viruses Tested	658	3	635	20	0
		Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
		Highly Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
PA Cap-Dependent Endonuclease Inhibitor	Baloxavir	Viruses Tested	650	3	627	20	0
		Reduced Susceptibility	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)

High levels of resistance to the adamantanes (amantadine and rimantadine) persist among influenza A(H1N1)pdm09 and influenza A(H3N2) viruses (the adamantanes are not effective against influenza B viruses). Therefore, use of these antivirals for treatment and prevention of influenza A virus infection is not recommended and data from adamantane resistance testing are not presented.

Outpatient Respiratory Illness Surveillance

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932)

The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) monitors outpatient visits for influenza-like illness [ILI (fever plus cough or sore throat)], not laboratory-confirmed influenza, and will therefore capture respiratory illness visits due to infection with any pathogen that can present with similar symptoms, including influenza, SARS-CoV-2, and RSV. Due to the COVID-19 pandemic, health care-seeking behaviors have changed, and people may be accessing the health care system in alternative settings not captured as a part of ILINet or at a different point in their illness than they might have before the pandemic. Therefore, it is important to evaluate syndromic surveillance data, including that from ILINet, in the context of other sources of surveillance data to obtain a complete and accurate picture of influenza, SARS-CoV-2, and other respiratory virus activity. CDC is tracking the COVID-19 pandemic in a weekly publication called [COVID Data Tracker Weekly Review](https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html) (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>). Information about other respiratory virus activity can be found on [CDC's National Respiratory and Enteric Virus Surveillance System \(NREVSS\) website](https://www.cdc.gov/surveillance/nrevss/index.html) (<https://www.cdc.gov/surveillance/nrevss/index.html>).

Outpatient Respiratory Illness Visits

Nationwide during week 6, 1.4% of patient visits reported through ILINet were due to respiratory illness that included fever plus a cough or sore throat, also referred to as ILI. This percentage is below the national baseline. One of the 10 HHS regions (Region 7) is above its region-specific baseline, and the remaining regions are below their baselines. Multiple respiratory viruses are co-circulating, and the relative contribution of influenza virus infection to ILI varies by location.

<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)

* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes “without a known cause other than influenza.”

[View Chart Data \(current season only\) \(/flu/weekly/weeklyarchives2021-2022/data/senAllregt06.html\)](/flu/weekly/weeklyarchives2021-2022/data/senAllregt06.html) | [View Full Screen](#)

[\(/flu/weekly/weeklyarchives2021-2022/ILI06.html\)](/flu/weekly/weeklyarchives2021-2022/ILI06.html)

Outpatient Respiratory Illness Visits by Age Group

More than 70% of ILINet participants provide both the number of patient visits for respiratory illness and the total number of patient visits for the week broken out by age group. Data from this subset of providers are used to calculate the percentages of patient visits for respiratory illness by age group.

The percentage of visits for respiratory illness reported in ILINet in week 6 remained stable among children 0–4 years of age and decreased for all other age groups (5–24 years, 25–49 years, 50–64 years, and 65+ years) compared to week 5.

<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>)

* Effective October 3, 2021 (week 40), the ILI definition (fever plus cough or sore throat) no longer includes “without a known cause other than influenza.”

[View Chart Data \(/flu/weekly/weeklyarchives2021-2022/data/iliage06.html\)](/flu/weekly/weeklyarchives2021-2022/data/iliage06.html) | [View Full Screen \(/flu/weekly/weeklyarchives2021-2022/ILIAge06.html\)](/flu/weekly/weeklyarchives2021-2022/ILIAge06.html)

Outpatient Respiratory Illness Activity Map

Data collected in ILINet are used to produce a measure of [ILI activity*](#)

https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633697504110 by state/jurisdiction and Core Based Statistical Areas (CBSA).

Activity Level	Number of Jurisdictions		Number of CBSAs	
	Week 6 (Week ending Feb. 12, 2022)	Week 5 (Week ending Feb. 5, 2022)	Week 6 (Week ending Feb. 12, 2022)	Week 5 (Week ending Feb. 5, 2022)
Very High	0	0	4	2
High	0	0	1	6
Moderate	0	4	10	21
Low	8	3	51	66
Minimal	45	47	593	563
Insufficient Data	2	1	270	271

*Data collected in ILINet may disproportionately represent certain populations within a jurisdiction or CBSA, and therefore, may not accurately depict the full picture of influenza activity for the entire jurisdiction or CBSA. Differences in the data presented here by CDC and independently by some health departments likely represent differing levels of data completeness with data presented by the health department likely being the more complete.

Additional information about medically attended visits for ILI for current and past seasons:

Surveillance Methods (https://wcmis-wp.cdc.gov/flu/weekly/overview.htm#anchor_1539281266932) | FluView Interactive: National, Regional, and State Data (<http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html>) or ILI Activity Map (<https://gis.cdc.gov/grasp/fluview/main.html>)

Long-term Care Facility (LTCF) Surveillance

(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698386507)

LTCFs (e.g., nursing homes/skilled nursing, long-term care for the developmentally disabled, and assisted living facilities) from all 50 states and U.S. territories report data on influenza virus infections among residents through the [National Healthcare Safety Network \(NHSN\) Long-term Care Facility Component](https://www.cdc.gov/nhsn/ltc/index.html) (<https://www.cdc.gov/nhsn/ltc/index.html>). During week 6, 57 (0.4%) of 14,248 reporting LTCFs reported at least one influenza positive test among their residents.

</flu/weekly/weeklyarchives2021-2022/LTCF06.html>) [View Chart Data](#)  </flu/weekly/weeklyarchives2021-2022/data/LTCFData06.csv>) | [View Full Screen](#) </flu/weekly/weeklyarchives2021-2022/LTCF06.html>)

Additional information about long-term care facility surveillance:

[Surveillance Methods](https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698386507) (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698386507) | [Additional Data](https://data.cms.gov/covid-19/covid-19-nursing-home-data)  (<https://data.cms.gov/covid-19/covid-19-nursing-home-data>)

Hospitalization Surveillance

http://www.cdc.gov/flu/weekly/overview.htm#anchor_1634240269291)

FluSurv-**NET**

The Influenza Hospitalization Surveillance Network (FluSurv-**NET**) conducts population-based surveillance for laboratory-confirmed influenza-related hospitalizations in select counties in 14 states and represents approximately 9% of the U.S. population. FluSurv-**NET** hospitalization data are preliminary. As data are received each week, prior case counts and rates are updated accordingly.

A total of 1,382 laboratory-confirmed influenza-associated hospitalizations were reported by FluSurv-**NET** sites between October 1, 2021, and February 12, 2022. The overall cumulative hospitalization rate is 4.7 per 100,000 population. This cumulative hospitalization rate is higher than the cumulative in-season hospitalization rate observed in week 6 during the 2020-2021 season (0.6 per 100,000), but lower than the in-season rates observed in week 6 during the 4 seasons preceding the COVID-19 pandemic (these ranged from 23.8 to 67.9 per 100,000 during the 2016-17 through 2019-20 seasons).

When examining rates by age, the highest rate of hospitalization per 100,000 population was among adults aged ≥ 65 years (12.5); within this group, rates were highest among adults aged ≥ 85 years (26.2). Among persons aged < 65 years, hospitalization rates per 100,000 population were highest among children aged 0-4 years (6.9) followed by adults aged 50-64 years (4.4). When examining rates by race and ethnicity, the highest rate of hospitalization per 100,000 population was among non-Hispanic American Indian or Alaska Native persons (6.4), followed by non-Hispanic Black persons (5.9).

Among 1,382 hospitalizations, 1,300 (94.1%) were associated with influenza A virus, 72 (5.2%) with influenza B virus, 5 (0.4%) with influenza A virus and influenza B virus co-infection, and 5 (0.4%) with influenza virus for which the type was not determined. Among 339 hospitalizations with influenza A subtype information, 336 (99.1%) were A(H3N2), and 3 (0.9%) were A(H1N1)pdm09. Based on preliminary data, of the 1,382 laboratory-confirmed influenza-associated hospitalizations, 3.3% also tested positive for SARS-CoV-2.

Among 664 hospitalized adults with information on underlying medical conditions, 91% had at least one reported underlying medical condition, the most commonly reported were hypertension, cardiovascular disease, metabolic disorder, and obesity. Among 59 hospitalized children with information on underlying medical conditions, 69.5% had at least one reported underlying medical condition; the most commonly reported was asthma.

(<https://gis.cdc.gov/grasp/fluview/FluHospRates.html>)

[View Full Screen \(/flu/weekly/weeklyarchives2021-2022/EIPRates06.html\)](/flu/weekly/weeklyarchives2021-2022/EIPRates06.html)

Additional FluSurv-NET hospitalization surveillance information for current and past seasons and additional age groups:
Surveillance Methods (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698456778) | FluView Interactive: Rates by Age, Sex, and Race/Ethnicity (<http://gis.cdc.gov/GRASP/Fluview/FluHospRates.html>) or Data on Patient Characteristics (<http://gis.cdc.gov/grasp/fluview/FluHospChars.html>)

FluSurv-Net data are used to generate national estimates of the total numbers of influenza cases, medical visits, hospitalizations, and deaths. This season, CDC is reporting preliminary cumulative in-season estimates, which are available at <https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm> (<https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm>)

HHS-Protect Hospitalization Surveillance

Hospitals report to HHS-Protect the number of patients admitted with laboratory-confirmed influenza. During week 6, 1,073 patients with laboratory-confirmed influenza were admitted to the hospital.

Effective February 2, 2022, hospitals are required to report laboratory-confirmed influenza hospitalizations to HHS-Protect daily. Prior to this update, reporting influenza hospitalizations was optional. See [COVID-19 Guidance for Hospital Reporting and FAQs](https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf)   (<https://www.hhs.gov/sites/default/files/covid-19-faqs-hospitals-hospital-laboratory-acute-care-facility-data-reporting.pdf>) for additional details on this guidance. The increase in hospitalizations reported during week 6 may be due in part to the increase in reporting facilities.

</flu/weekly/weeklyarchives2021-2022/Protect06.html>) [View Chart Data](#)  (</flu/weekly/weeklyarchives2021-2022/data/ProtectData06.csv>) | [View Full Screen](#) (</flu/weekly/weeklyarchives2021-2022/Protect06.html>)

Additional HHS Protect hospitalization surveillance information:

[Surveillance Methods](https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698474047) (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698474047) | [Additional Data](#) 
(<https://healthdata.gov/Hospital/COVID-19-Reported-Patient-Impact-and-Hospital-Capa/anag-cw7u>)

Mortality Surveillance

https://www.cdc.gov/flu/weekly/overview.htm#anchor_1634311686144)

National Center for Health Statistics (NCHS) Mortality Surveillance

Based on NCHS mortality surveillance data available on February 17, 2022, 22.6% of the deaths that occurred during the week ending February 12, 2022 (week 6), were due to pneumonia, influenza, and/or COVID-19 (PIC). This percentage is above the epidemic threshold of 7.2% for this week. Among the 4,116 PIC deaths reported for this week, 3,447 had COVID-19 listed as an underlying or contributing cause of death on the death certificate, and 17 listed influenza, indicating that current PIC mortality is due primarily to COVID-19 and not influenza. The data presented are preliminary and may change as more data are received and processed.

[View Chart Data](https://gis.cdc.gov/grasp/fluview/mortality.html)  (</flu/weekly/weeklyarchives2021-2022/data/NCHSData06.csv>) | [View Full Screen](#) (</flu/weekly/weeklyarchives2021-2022/NCHS06.html>)

Additional pneumonia, influenza and COVID-19 mortality surveillance information for current and past seasons:

[Surveillance Methods](https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698570680) (https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698570680) | [FluView Interactive](#)

(<https://gis.cdc.gov/grasp/fluview/mortality.html>)

Influenza-Associated Pediatric Mortality

No influenza-associated pediatric deaths were reported to CDC during week 6.

A total of five influenza-associated pediatric deaths occurring during the 2021-2022 season have been reported to CDC.

(<http://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>)

[View Full Screen \(/flu/weekly/weeklyarchives2021-2022/PedFlu06.html\)](/flu/weekly/weeklyarchives2021-2022/PedFlu06.html)

Additional pediatric mortality surveillance information for current and past seasons:

[Surveillance Methods \(https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698596803\)](https://www.cdc.gov/flu/weekly/overview.htm#anchor_1633698596803) | [FluView Interactive](#)

(<https://gis.cdc.gov/GRASP/Fluview/PedFluDeath.html>)

Additional National and International Influenza Surveillance Information

FluView Interactive: FluView includes enhanced web-based interactive applications that can provide dynamic visuals of the influenza data collected and analyzed by CDC. These [FluView Interactive applications \(http://www.cdc.gov/flu/weekly/fluviewinteractive.htm\)](#) allow people to create customized, visual interpretations of influenza data, as well as make comparisons across flu seasons, regions, age groups and a variety of other demographics.

National Institute for Occupational Safety and Health: Monthly surveillance data on the prevalence of health-related workplace absenteeism among full-time workers in the United States are [available from NIOSH \(https://www.cdc.gov/niosh/topics/absences/default.html\)](#).

U.S. State and local influenza surveillance: Select a jurisdiction below to access the latest local influenza information.

[Alabama \(http://adph.org/influenza/\)](http://adph.org/influenza/)

[Alaska \(http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/flui\)](http://dhss.alaska.gov/dph/Epi/id/Pages/influenza/flui)

[Colorado \(https://www.colorado.gov/pacific/cdphe/influenza\)](https://www.colorado.gov/pacific/cdphe/influenza)

[Connecticut \(https://portal.ct.gov/DPH/Epidemiology-and-En\)](https://portal.ct.gov/DPH/Epidemiology-and-En)

Georgia (https://dph.georgia.gov/epidemiology/influenza/flu-activity-georgia)	Hawaii (http://health.hawaii.gov/docd/resources/reports/influ)
Iowa (http://idph.iowa.gov/influenza/surveillance)	Kansas (http://www.kdheks.gov/flu/surveillance.htm)
Maryland (https://phpa.health.maryland.gov/influenza/fluwatch/)	Massachusetts (https://www.mass.gov/influenza)
Missouri (http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php)	Montana (https://dphhs.mt.gov/publichealth/cdepi/diseases/)
New Jersey (http://www.nj.gov/health/cd/topics/flu.shtml)	New Mexico (https://nmhealth.org/about/erd/ideb/isp/)
Ohio (http://www.flu.ohio.gov)	Oklahoma (https://www.ok.gov/health/Prevention_and_Preparedness/Acu)
South Carolina (http://www.scdhec.gov/Health/DiseasesandConditions/InfectiousDiseases/Flu/FluData/)	South Dakota (https://doh.sd.gov/diseases/infectious/flu/su)
Vermont (http://www.healthvermont.gov/immunizations-infectious-disease/influenza/flu-activity-and-surveillance)	Virginia (http://www.vdh.virginia.gov/epidemiology/influenza-)
Wyoming (https://health.wyo.gov/publichealth/infectious-disease-epidemiology-unit/disease/influenza/)	New York City (http://www1.nyc.gov/site/doh/providers/hea)

World Health Organization:

Additional influenza surveillance information from participating WHO member nations is available through [FluNet](https://www.who.int/tools/flunet) (<https://www.who.int/tools/flunet>) and the [Global Epidemiology Reports](https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs). (<https://www.who.int/teams/global-influenza-programme/surveillance-and-monitoring/influenza-surveillance-outputs>)

WHO Collaborating Centers for Influenza:

[Australia](http://www.influenzacentre.org/Surveillance_Samples_Received.html) (http://www.influenzacentre.org/Surveillance_Samples_Received.html), [China](http://www.chinaivdc.cn/cnic/) (<http://www.chinaivdc.cn/cnic/>), [Japan](http://idsc.nih.gov/jp/index.html) (<http://idsc.nih.gov/jp/index.html>), the [United Kingdom](https://www.crick.ac.uk/research/worldwide-influenza-centre) (<https://www.crick.ac.uk/research/worldwide-influenza-centre>), and the [United States](http://www.cdc.gov/flu/) (CDC in Atlanta, Georgia) (<http://www.cdc.gov/flu/>)

Europe:

The most up-to-date influenza information from Europe is available from [WHO/Europe](http://www.flunewseurope.org/) and the [European Centre for Disease Prevention and Control](http://www.flunewseurope.org/) (<http://www.flunewseurope.org/>).

Public Health Agency of Canada:

The most up-to-date influenza information from Canada is available in [Canada's weekly FluWatch report](http://www.phac-aspc.gc.ca/fluwatch/) (<http://www.phac-aspc.gc.ca/fluwatch/>).

Public Health England:

The most up-to-date influenza information from the United Kingdom is available from [Public Health England](http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/) (<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/SeasonalInfluenza/>).

Any links provided to non-Federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the Federal Government, and none should be inferred. CDC is not responsible for the content of the individual organization web pages found at these links.

A description of the CDC influenza surveillance system, including methodology and detailed descriptions of each data component is available on the [surveillance methods](http://www.cdc.gov/flu/weekly/overview.htm) (<http://www.cdc.gov/flu/weekly/overview.htm>) page.